



Pre-Employment Transition Services Interest

Please provide the basic information about the interested student below:

FIRST NAME	LAST NAME		MIDDLE NAME
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER	RACE/ETHNICITY
ADDRESS			PHONE NUMBER (Include Area Code)
Email Address			Alternate Contact Information:
I hereby authorize the student listed above (or below) to participate in Pre-Employment Transition Services. I authorize the release of information disclosed on this form to the Department of Human Services, Vocational Rehabilitation Program (VR). I understand that this information will be treated in a confidential manner by VR and is not protected under the Health and Insurance Portability and Accountability Act (HIPAA).			
Parent <input type="checkbox"/> / Guardian <input type="checkbox"/> / Adult Student <input type="checkbox"/>		Signature	Printed Name
		Date	

Please complete all information, sign and date, then mail to:

University of Memphis Institute on Disability – Pre-ETS Program
 100 Ball Hall
 University of Memphis
 Memphis, TN 38152

If you would like to deliver the application to the UMID office, the address is 4050 S. Park Loop, Building 29. Please call the UMID office at 901-678-4303 with questions.